

**MULTIPLE DEPT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FO RTO-875)**

SERIAL NO. /

**FILING DATE**

**APPLICANT(S)**

**CLAIMS**

	CLAIMS												
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			1					52					
3			1					53					
4			1					54					
5			1					55					
6			1					56					
7			1					57					
8			1					58					
9			1					59					
10			2					60					
11			①					61					
12	1		1					62					
13			1					63					
14			1					64					
15			1					65					
16			1					66					
17			1					67					
18			1					68					
19			7					69					
20			7					70					
21								71					
22								72					
23								73					
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25								75					
26								76					
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37								87					
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40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2	↓	1	↓				TOTAL IND.		↓			
TOTAL DEP.	31	↑	1F	↑				TOTAL DEP.		↑			
TOTAL CLAIMS	33		20					TOTAL CLAIMS					

BEST AVAILABLE COPY